

S. 1963 – Caregiver and Veterans Omnibus Health Services Act

This bill unfairly discriminates against severely disabled veterans from prior wars, many of whom have needed caregiver assistance for decades and were not the beneficiary of recent advancements in military medical care.

There are currently 35,000 veterans receiving aid and attendance benefits from the Department of Veterans Affairs. Out of this population, around 2,000 veterans received their injuries after September 11 and would qualify for extra caregiver assistance in this bill.¹ Caregivers for 33,000 veterans of prior wars would not.

Our nation faces a severe long-term fiscal crisis. If we don't start paying for new programs we're not going to have a country left to defend. The bill is not paid for by identifying any wasteful, duplicative, or obsolete federal programs and represents a false promise intended more to help DC politicians and lobbyists than veterans in need.

CBO estimates that the bill will cost \$3.9 billion over five years if all funds are appropriated that are authorized. However, if the funds are not appropriated, then this benefit will amount to an empty promise to veterans. As written, this is a press release bill intended to bolster the image of politicians and lobbyists among veterans. When the bill passes, no funding is ensured and any funding that may eventually be provided will be borrowed.

The bill duplicates a program that already exists, and is underutilized.

The Department of Veterans Affairs Aid and Attendance program provides up to \$2,900 a month for veterans who need caregiver assistance for daily living. This program is currently authorized by law² and is available to all veterans who served during wartime and were injured. Department of Veterans Affairs officials have stated that this benefit is underutilized.³

Only 27% of veterans and 14% of veterans' widows who qualify for aid and attendance benefits receive them. The others are either unaware of this benefit or do not choose to apply for this benefit.⁴

The Department of Veterans Affairs is failing to keep its promises to current veterans.

¹ Congressional Budget Office Cost Estimate, "S. 801, Caregiver and Veterans Health Services Act of 2009," August 31, 2009, <http://www.cbo.gov/ftpdocs/105xx/doc10548/s801.pdf>.

² 38 U.S.C. Section 1114

³ Lade, Diane, "Little-known VA program can help vets with out-of-pocket medical costs," South Florida Sun-Sentinel, February 16, 2006, <http://www.veteranaid.org/docs/AA.pdf>.

⁴ Reuters, "Senior Star at Weber Place Sheds Light on Underutilized \$23,000 VA Benefit," June 19, 2009,

Both recent veterans of current wars and veterans of prior wars are experiencing months of delays on disability claims and appeals. Thousands of new student veterans still have not been paid for their earned Post 9/11 GI Bill benefits due to bureaucratic problems at the VA in administering these new benefits.

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Executive Summary

S. 1963 would authorize new programs for caregivers of disabled veterans and make several changes to existing veterans' health care programs. CBO estimates that implementing the bill would cost about \$3.9 billion from 2010 to 2014.

Caregiver Benefits

The bulk of the cost of the bill comes from the new program to provide caregivers the following:

- monthly stipends (estimates are around \$2300 maximum per month)
- health care (if caregivers are not covered under other health plans)
- travel benefits (for lodging and per diem when transporting disabled veterans to VA hospitals)
- training to properly care for the disabled veteran (which would include per diem for caregivers while attending training).

These benefits are only available to caregivers of veterans injured in conflicts since September 11, 2001 which number around 2,000.

Other Provisions

Other provisions in the bill include rural demonstration projects (\$25 million) and education assistance for loan repayment for health professionals who decide to work for the Department of Veterans Affairs (\$200 million).

\$903 million is for the authorization of major medical facility projects for the Department of Veterans Affairs. You have cleared similar standalone bills in the past because the authorization for each individual project is required by law before annual construction appropriations are able to be spent.

VA would also be required to implement a pilot program to provide unsubsidized dental insurance to veterans enrolled in the VA health care system and certain survivors and dependents of veterans. The Congressional Budget Office has scored this proposal as not costing the taxpayers anything as premiums should cover the costs. Maintaining a zero cost to taxpayers will require the VA to raise premiums on veterans if dental costs rise.

The bill also provides increased health care provisions for female veterans, training for mental health providers, and authorize additional overtime pay and higher pay caps for VA nurses.